

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400 and 17406)      TELEPHONE NO. : _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>								
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____									
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT: _____									
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> <b>NOTICE OF MOTION</b></td> <td><input type="checkbox"/> <b>JUDGMENT</b></td> <td><input type="checkbox"/> <b>MODIFICATION</b></td> </tr> <tr> <td><input type="checkbox"/> <b>Child Support</b></td> <td><input type="checkbox"/> <b>Health Care</b></td> <td><input type="checkbox"/> <b>Injunctive Order</b></td> </tr> <tr> <td><input type="checkbox"/> <b>Other:</b> _____</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> <b>NOTICE OF MOTION</b>	<input type="checkbox"/> <b>JUDGMENT</b>	<input type="checkbox"/> <b>MODIFICATION</b>	<input type="checkbox"/> <b>Child Support</b>	<input type="checkbox"/> <b>Health Care</b>	<input type="checkbox"/> <b>Injunctive Order</b>	<input type="checkbox"/> <b>Other:</b> _____	
<input type="checkbox"/> <b>NOTICE OF MOTION</b>	<input type="checkbox"/> <b>JUDGMENT</b>	<input type="checkbox"/> <b>MODIFICATION</b>							
<input type="checkbox"/> <b>Child Support</b>	<input type="checkbox"/> <b>Health Care</b>	<input type="checkbox"/> <b>Injunctive Order</b>							
<input type="checkbox"/> <b>Other:</b> _____									
CASE NUMBER: _____									

1. TO (name): \_\_\_\_\_
2. **READ THE ATTACHED REQUEST FORM.** A hearing on the motion for the relief requested will be held as follows:

a. Date: _____	Time: _____	<input type="checkbox"/> Dept.: _____	<input type="checkbox"/> Rm.: _____
----------------	-------------	---------------------------------------	-------------------------------------

b. Address of court ☐ same as noted above ☐ other (specify): \_\_\_\_\_

3. Supporting attachments:

- |   |   |
|---|---|
| a. Completed <i>Request for Order and Supporting Declaration</i> (form FL-684) and blank <i>Response</i> (form FL-685)<br><br>b. <input type="checkbox"/> Financial information and blank <i>Income and Expense Declaration</i> (form FL-150) | c. <input type="checkbox"/> Points and Authorities<br>d. <input type="checkbox"/> <i>Order for Genetic (Parentage) Testing</i> (form FL-627) (If you ignore this order, you may be found to be the parent.)<br>e. <input type="checkbox"/> Other (specify): _____ |
|---|---|

4. ☐ NOTICE: IF YOU WISH TO HAVE A TRIAL, YOU MUST APPEAR AT THE HEARING ON THIS REQUEST.

Date: \_\_\_\_\_

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF ATTORNEY)
-------------------------------	----------------------------------

**ORDER**

**IT IS ORDERED THAT**

5. Time for ☐ service ☐ hearing is shortened. Service must be on or before (date): \_\_\_\_\_
6. Any responsive declaration must be served on or before (date): \_\_\_\_\_
7. ☐ Petitioner/Plaintiff ☐ Respondent/Defendant ☐ Other Parent  
 Is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of the following property (describe): \_\_\_\_\_
8. Other (specify): \_\_\_\_\_
9. Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_

_____ (JUDICIAL OFFICER OF THE SUPERIOR COURT)	
---	--

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

### NOTICE

This case may be referred to a court commissioner for hearing. By law court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days; otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Child support is based on your ability to pay, which may include your income, earning capacity, lifestyle, or presumed income set by statute. The amount of child support can be large and can continue until the children reach age 19. You should give the court information about your income and expenses. If you do not, the support order will be based on other information given to the court, or presumed income set by statute.

You do not have to pay any fee to file your *Response to Governmental Notice of Motion or Order to Show Cause (Governmental)* (FL-685) and your completed *Income and Expense Declaration* (FL-150) or *Financial Statement (Simplified)* (FL-155). *In the absence of an order shortening time*, you must file any documents with the court and mail copies (*at least 10 calendar days before the hearing date*) to the local child support agency at the following address:

### PROOF OF SERVICE BY MAIL

- I am at least 18 years of age, **not a party to this cause**, and a resident of or employed in the county where the mailing took place.
- My residence or business address is:
- I served a copy of this motion by enclosing it in a sealed envelope and depositing the envelope ☐ directly in the United States mail with postage paid OR ☐ at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.
  - Date of deposit:
  - Place of deposit (*city and state*):
  - Addressed as follows:

4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)